

TCOJC Youth Camp 2015

registration

Primary Applicant Information

Additional Family Members

Last Name First Name (Head of Household)

First Name Age

Date of Birth Primary Phone Secondary Phone

First Name Age

Street Address

First Name Age

City State Zip

First Name Age

Medical Information

It is the camper's or parent / guardian's responsibility to insure the camper through their own group or individual policy. Should a camper become sick or injured at TCOJC camp, the camper's insurance through his parents (or personal) primary policy must file a claim on that coverage first. Should a camper have no insurance coverage or if the insurance carrier denies the claim, then a claim will be filed on the limited accident policy carried on all campers by TCOJC (secondary). The parents and/or the camper are financially responsible for medical treatment costs not covered by TCOJC's limited accident insurance.

Does any member of your family have **special conditions** that may limit their participation in activities? No Yes, details below

Does any member of your family need the camp nurse to administer **medication** to them on a consistent schedule? No Yes, give dose

Primary Insured Member's Name Insurance Company

Policy Number Group Number

Employer Employer Phone Number

Please list any drug, food, or other **allergies** you are aware of for any family member and whether medication is used for treatment of the condition:

Emergency Contact Information (if no parent/guardian is in attendance)

Primary Contact Relationship Phone Number

Secondary Contact Relationship Phone Number

Camp Agreement and Consent for Medical Treatment

I am aware of the camp policies and guidelines attached to this form. I understand that this is a church related function and that certain standards of conduct will be required of the camper. I agree to demonstrate respect for the camp staff and other members at all times. I also understand that TCOJC only provides secondary insurance coverage and will not be liable for any expenses beyond that which is covered by insurance. In case of a simple accident or illness, the camp nurse may make necessary arrangements. If the accident or illness is serious, I request that the camp nurse to contact me immediately; and I grant permission for the licensed physician and medical facility selected by the nurse to take all necessary steps to insure my child's health. Most of all, I promise to have fun and use this experience to grow deeper in God!

Camper's Signature

Parent/Guardian (if under 18)

Date